

LIMITS OF CONFIDENTIALITY

Normally, I may only disclose personal health information with the consent of the client or his/her authorized representative. However, in law, there are a limited number of circumstances where disclosure of personal health information is required without consent. Notable limits to confidentiality include:

1. Where I believe on reasonable grounds that disclosure is necessary to eliminate or reduce significant, imminent risk of serious bodily harm (includes physical or psychological harm) to you or anyone else, e.g. suicide, homicide
2. Where disclosure is required under the *Child and Family Services Act*, for example, where I have reasonable grounds to suspect that a child is in need of protection due to physical harm, neglect or sexual abuse by a person having charge of the child
3. Where necessary for particular legal proceedings (e.g. when I am subpoenaed)
4. To facilitate an investigation or inspection if authorized by warrant or by any provincial or federal law
5. For the purpose of contacting a relative, friend or potential substitute decision-maker of the individual, if the individual is injured, incapacitated or ill and unable to give consent personally
6. To a College for the purpose of administration or enforcement of the *Regulated Health Professions Act, 1991 (RHPA)* (e.g. assessment of my practice is part of the quality assurance program; mandatory reporting where you are a regulated health professional and I have reasonable grounds to believe that you have sexually abused your patient/client)

For online psychotherapy: I confirm that _____ has offered me online psychotherapy sessions and I have agreed to this. I confirm that they have clearly explained to me, to the extent of their understanding, the benefits and risks of using these technologies. In addition to the risks and benefits of consultation, online consultation has the potential benefits of easier access to care, and meeting in a location of my choosing. Potential risks include interruptions, technical problems and the potential for unauthorized access.

Please do not hesitate to ask any questions about this consent form.

I have discussed this with my therapist, read and understand the limits of confidentiality and I am consenting to receiving online therapy.

Name: _____
(please print)

Signature: _____

Therapist Signature _____ Date: _____